



Dependent Eligibility Form

Information provided on this document ensures that the dependent listed below meets the eligibility requirements for continued benefits through the Williamson County benefit plan. It is required each semester/quarter for dependents age 19-25.

Employee Name: _____

Employee ID or SSN Number: _____

Dependent Name: _____

Please have the following statement completed and signed by the registrar of the school the dependent is now attending.

This is to certify that _____

is enrolled at _____

for the quarter/semester which began ____ / ____ / ____ and will end on ____ / ____ / ____.

Does this enrollment constitute full-time attendance at the University/College? YES or NO

Form must be signed and have official seal of University/College to ensure that the information provided above is true and accurate.

Signature of College/University Registrar: _____

Phone number of Registrar: _____

Date: _____

Official Seal of University/College

Return to: The Williamson County Benefits Department
1320 West Main Street, Suite 204 B
Franklin, TN 37064

Or fax to: 615-790-5876